Personal Data Inventory
Coastal Family Bible Church

Please complete this inventory carefully

Personal Identification

Name: _____ Birth Date: _____

Address: _____ Zip Code: _____

Age: _____ Sex: _____ Referred By: _____

Marital Status: Single: ___ Engaged: ___ Married: ___ Separated: ____ Divorced: ___ Widowed: ___

Education (last year completed): _____

Primary Phone: _____ Secondary Phone: _____

Employer: _____ Position: _____

Years at Employer: _____ E-MAIL: _____

Is English your first language: _____ If not, what is: _____

Marriage and Family

Spouse: _____ Birth Date: _____

Age: _____ Occupation: _____ Years at Employer: _____

Primary Phone: _____ Secondary Phone: _____ Email: _____

Date of Marriage: _____ Length of Dating: _____

Give a brief statement of circumstances of meeting and dating: _____

_____

Is your spouse willing to come for counseling: _____ If not, please explain: _____

_____

Is your spouse in favor of your coming: _____ If not, please explain: _____

_____

Have either of you been previously married: _____ If so, to whom: _____

Have you ever been separated: _____ Have you ever filed for divorce: _____

If there have been multiple marriages, briefly explain time frames, children involved, and reasons: _____

_____

_____

_____

_____

Information about Children:
Name: Age: Sex: Living: Year Ed.: Biological:

_____

_____

_____

_____

_____

_____

Describe relationship to your father: _____

_____

Describe relationship to your mother: _____

_____

Number of sibling(s): _____ Birth order of all siblings: _____

Did you live with anyone other than parents: _____

_____

Are your parents living: _____ Do they live locally: _____

Health

Describe your health: _____

_____

Do you have any chronic conditions: _____ What: _____

List important illnesses and injuries or handicaps: _____

_____

Date of last medical exam: _____ Report: _____

Physician's name and address: _____

Current medication(s) and dosage: _____

_____

Have you ever used drugs for anything other than medical purposes: _____

If yes, please explain: _____

_____

Have you ever been arrested: _____ if so, why, when and was there a resulting sentence: _____

_____

Do you drink alcoholic beverages: _____ If so, how frequently and how much: _____

_____

Do you drink coffee: _____ How much: _____ Other caffeine drinks: _____

_____ How much: _____

Do you smoke: _____ What: _____ Frequency: _____

Have you ever had interpersonal problems on the job: _____

_____

Have you ever had a severe emotional upset: _____ If yes, please explain: _____

_____

Have you ever seen a psychiatrist or counselor: _____ If yes, please explain: _____

_____

Are you willing to sign a release of information form so that your counselor may write for social, psychiatric, or other medical records: _____

Spiritual

Denominational preference: _____

Church attending: _____

Location:_____ Are you a member: _____

Pastor's Name: _____ Pastor's Phone Number: _____

Do we have permission to contact your Pastor: _____

Church attendance per month (circle): 0 1 2 3 4 5 6 7 8+

Do you believe in God: _____ Do you pray: _____

Would you say that you are a Christian: _____, Or still in the process of becoming a Christian:_____

_____

Have you ever been baptized: _____

How often do you read the Bible: Never: _____ Occasionally: _____ Often: _____ Daily: _____

Explain any recent changes in your religious life: _____

_____

Women Only

Have you had an unplanned pregnancy: _____ Have you ever had an abortion: _____

Did you suffer any medical side-effects, that would be helpful for your counselor to know:

_____

_____

Have you had any menstrual difficulties: _____ If you experience tension, tendency to cry, other symptoms prior to your cycle, please explain: _____

Problem Check List

_____Abuse	_____Children	_____Fear	_____Lust or Pornography
_____Addiction	_____Communication	_____Finances	_____Memory
_____Adultery	_____Conflict (fights)	_____Grief	_____Moodiness
_____Anger	_____Cutting	_____Guilt	____Perfectionism
_____Anorexia	_____Deception	_____Health	_____Rebellion
_____Anxiety	_____Decision Making	_____Homosexuality	_____Sex
_____Bitterness	_____Depression	_____Infertility	_____Sleep
_____Bulimia	_____Drunkenness	_____In-laws	_____Unbiblical Habit
_____Change in lifestyle	_____Envy	_____Loneliness	_____Unresolved Past

Briefly Answer The Following Questions

1. What is your problem (what brings you here):

2. What have you done about the problem:

3. What are your expectations from counseling:

4. Is there any other information that we should know:

5. Does anyone from your home church plan to accompany you to counseling: _____ If yes, please indicate his/her name (s), and the nature of your relationship with them.